Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN2918SNF	A. BUILDING _____ B. WING _____	10/03/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLAND MANOR OF ELKO	2850 RUBY VISTA DRIVE ELKO, NV 89801

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	Initial Comments This Statement of Deficiencies was generated as the result of a State licensure survey conducted at your facility from September 29, 2008 through October 3, 2008. The census at the time of the survey was 90. Ten personnel records were reviewed. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.	Z 000		
Z342	NAC 449.74511 Personnel Records - Licenses, TB, Background 3. A current and accurate personnel record for each employee of the facility must be maintained at the facility. The record must include, without limitation: a) Evidence that the employee has obtained any license, certificate or registration, and possesses the experience and qualifications, required for the position held by the employee; b) Such health records as are required by chapter 441A of NAC which include evidence that the employee has had a skin test for tuberculosis in accordance with NAC 441A.375; and c) Documentation that the facility has not received any information that the employee has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.188. This Regulation is not met as evidenced by: Based on record review and interview, it was	Z342		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Z342	Continued From page 1 determined the faility failed to ensure that 2 of 10 employees fingerprints were obtained within 10 days of hire (NRS 449.170) in order to be in compliance with NRS 449.188. (#6 and #8) Findings include: A review of the personnel files of Employees #6 and #8 revealed no evidence of fingerprints or fingerprint clearances. The Human Resources Manager was given the information and produced evidence of fingerprints on 10/3/08. However, the fingerprints had been obtained on 10/2/08. The employees were hired on 8/14/08 and 6/15/08, respectively. Severity 2 Scope 1	Z342		